

Foster Family Home - Corrective Action Report

Provider ID: 1-130036

Home Name: Rosebella Balan, CNA

Review ID: 1-130036-6

94-857 Kaaholo Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/7/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made on 2/07/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/07/2019.

Foster Family Home

Personnel and Staffing

[11-800-41]

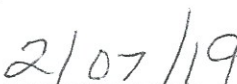
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

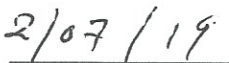
Comment:

41.(b)(7) - No current TB clearance in home folder for CG#2, last done 5/4/2017.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Rosebella Balan
 CCFFH Address: 94-857 Kaaholo ST, Waipahu 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	Current T.B clearance CG #2 completed 5/2/18 T.B. symptoms screening form was done by CG #2 completed 5/21/18	2/7/19	This will not happen again, I will see to it to put & check to home folder. I will remind CG #2 to drop before the due date & be sure to file it to my home folder.

Primary Caregiver's Signature: R. Balan

Print Name: ROSEBELLA Balan Date of Signature: 2-26-19